Name of Policy: Cancer committee

Policy Number: 3364-87-09

Approving Officer: Chief of Staff

Responsible Agent: Chief Operating Officer

Scope: All University of Toledo Campuses

New policy proposal

Minor/technical revision of existing policy

X

(A) Policy statement

Major revision of existing policy

It is the policy of the University of Toledo Medical Center and its Medical Staff that a Cancer Committee will be appointed as defined below.

(B) Purpose of policy

To define the objectives, functions and responsibilities, and composition of the Cancer Committee.

(C) **Procedure**

- (1) Objectives:
 - (a) Organize, publicize, conduct and evaluate regular educational and consultative tumor conferences that are multidisciplinary, institution wide, and patient oriented;

Reaffirmation of existing policy

- (b) Assure that consultative services from all major disciplines are available to all patients;
- (c) Confirm that cancer rehabilitation services are available and used;
- (d) Encourage a supportive care system for all patients with cancer; and
- (e) Maintain a comprehensive system for collecting and utilizing data including tumor incidence, epidemiology, and end results and maintain an appropriate tumor registry system, which conforms to the standards of the American College of Surgeons.
- (f) The Cancer Committee is a peer review committee as defined by section 2305.25 of the Ohio Revised Code. As such, the committee's proceedings and records are held in confidence.

(2) Functions and Responsibilities:

- (a) Meet at least quarterly with documentation of the policy advisory function. A written record of proceedings, actions and attendance will be submitted to the Chief of Staff for Medical Executive Committee review;
- (b) Make certain that tumor conferences include major cancer sites throughout the year and are primarily patient oriented and prospective;
- (c) Ensure that consultative services are available to patients with cancer through multidisciplinary physician attendance at conferences;
- (d) Evaluate the quality of care of patients with cancer either directly or indirectly through the review of audit data from other committees;
- (e) Evaluate and monitor the effectiveness of the patient care evaluation program;
- (f) Supervise the Tumor Registry for quality control of abstracting, staging, and reporting;
- (g) Publish and distribute the annual report; and
- (h) Serve as liaison between physicians and Tumor Registry.

(3) Composition:

The required members of the Cancer Committee shall be appointed by the Chief of Staff and include one or more members from the following disciplines: Medical Oncology (Medicine), Pathology, Radiation Therapy, Radiology, and Surgery. The Committee will also include the American College of Surgeons cancer Liaison physician and the Tumor Registrar. Members from the following disciplines and hospital departments will be extended invitations to be a part of this committee: Dentistry, Family Medicine, Gynecology, Otolaryngology, Pediatric Oncology (Pediatrics), Rehabilitation Medicine, Urology, Nursing Services, Hospital Administration, Health Information Management, Outcome Management, Stoma Therapy, Food and Nutrition, Pain Management, and Quality Management. Other members may be appointed as deemed appropriate by the Chief of Staff. One member will be designated as Chair by the Chief of Staff.

Approved by:	_	Policies Superseded by This Policy:	
	• MS-009 Cancer Co	mmittee	
/s/	Review/Revision Da	Review/Revision Date: 11/19/03	
Puneet Sindhwani, M.D.		05/10/06	
Chief of Staff		05/10/09	
		03/28/12	
00/06/2022		03/01/2019	
09/06/2023		01/10/23	
Date			
	Next review date:	09/01/2026	
/s/			
Michael Ellis, MD			
Chief Medical Officer			
09/06/2023			
Date			
Review/Revision Completed by:			
Cancer Committee			
Medical Executive Committee			